

31131 U.S. PTO
01/11/02

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PTO/SB/50 (08-00)
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REISSUE PATENT APPLICATION TRANSMITTAL

10/044479
01/11/02


Address to: Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	125.028USR1
	First Named Inventor	Michael M. Walters, et al.
	Original Patent Number	6,278,263
	Original Patent Issue Date (Month/Day/Year)	08/21/01
	Express Mail Label No.	EL823841819US

APPLICATION FOR REISSUE OF: (check applicable box)		<input checked="" type="checkbox"/> Utility Patent	<input type="checkbox"/> Design Patent	<input type="checkbox"/> Plant Patent
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APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Original U.S. Patent for surrender		
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribboned Original Patent Grant		
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)		
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR § 1.175)(PTO/SB/51 or 52)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)		
6. Original U.S. Patent currently assigned?	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-	<input type="checkbox"/> Copies of IDS Citations	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)		
(If Yes, check applicable box(es))	12. <input checked="" type="checkbox"/> Preliminary Amendment		
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)		
<input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96)	14. Other:		
<input type="checkbox"/> Power of Attorney			

15. CORRESPONDENCE ADDRESS			
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (optional) 125.028USR1		
Claims as Filed – Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 18	Total Claims (37 CFR 1.16(j))	(B) 22	**** 2 =	x \$	=	x \$	18 = 36.00	
(C) 3	Independent claims (37 CFR 1.16(j))	(D) 5	* 3 =	x \$	=	x \$	84 = 168.00	
Basic Fee (37 CFR 1.16(h))					\$		\$ 740.00	
Total Filing Fee					\$		\$ 944.00	
OR								
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment		(2) Highest No. Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$	=	x \$	=
Independent claims (37 CFR 1.16(j))	***	MINUS	****	=	x \$	=	x \$	=
Total Additional Fee					\$		OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>501373</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>944.00</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card Form PTO-2038 is attached.</p>								
January 11, 2002 Date				 Signature of Applicant, Attorney, or Agent of Record				
Laura A. Ryan / Reg. No. 49,055 Typed or printed name								

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